

Our Lady of Good Counsel & St. Vincent DePaul

Roman Catholic Church

436 South 2nd Street / Bangor, PA 18013 / 610-588-5445

Family DUID# _____ Env# _____

Registration Date _____

Welcome Card & Welcome Basket _____

Print neatly filling in all boxes and blanks.

In-active Date _____

FAMILY INFORMATION:

Family Last Name: _____ Home Phone (Listed or Unlisted) _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Role (18 years or older) *Circle One* – Head of House / Husband / Wife / Other Catholic/Non-Catholic

First Name _____ **Last Name** _____ **M.I.** _____

Maiden Name _____ **Cell Phone** _____

Email Address _____ **Special Needs** _____

Date of Birth _____ **Place of Birth** _____ **Gender** (*Circle One*) **M / F**

Father's Name _____ **Mother's Name (w/Maiden Name)** _____

Ethnic Background _____ **Language** _____

Occupation _____ **Highest Level of Education** _____ **Year Graduated** _____

Sacrament Information

Baptism/RCIA ___/___/___ Location _____ Communion ___/___/___ Location _____

Confirmation ___/___/___ Location _____

Marital Status: Single/Married/Divorced/Widowed/Separated/Annulled **Valid Catholic Marriage in The Church:** Y / N

Marriage Date _____ **Location** _____

Role (18 years or older) *Circle One* – Head of House / Husband / Wife / Other Catholic/Non-Catholic

First Name _____ **Last Name** _____ **M.I.** _____

Maiden Name _____ **Cell Phone** _____

Email Address _____ **Special Needs** _____

Date of Birth _____ **Place of Birth** _____ **Gender** (*Circle One*) **M / F**

Father's Name _____ **Mother's Name (w/Maiden Name)** _____

Ethnic Background _____ **Language** _____

Occupation _____ **Highest Level of Education** _____ **Year Graduated** _____

Sacrament Information

Baptism/RCIA ___/___/___ Location _____ Communion ___/___/___ Location _____

Confirmation ___/___/___ Location _____

Marital Status: Single/Married/Divorced/Widowed/Separated/Annulled **Valid Catholic Marriage in The Church:** Y / N

Marriage Date _____ **Location** _____

Names of your children 18 years or older?

First and Last Names	Living or Deceased	Married or Single	Living in State/Out-of-State?
1) _____			
2) _____			
3) _____			
4) _____			
5) _____			

Child's Name Under the age of 18 years old. **Role** (*Circle One*) Son / Daughter / Step Child / Other

First Name _____ **M.I.** _____ **Last Name** _____

Gender (*Circle One*) M / F **Special Needs** _____

Sacrament Information
Baptism ___ / ___ / ___ Location _____ Communion ___ / ___ / ___ Location _____
Confirmation ___ / ___ / ___ Location _____

Date of Birth _____ **Place of Birth** _____

Name of Current School _____ **Graduation Year** _____

Child's Name Under the age of 18 years old. **Role** (*Circle One*) Son / Daughter / Step Child / Other

First Name _____ **M.I.** _____ **Last Name** _____

Gender (*Circle One*) M / F **Special Needs** _____

Sacrament Information
Baptism ___ / ___ / ___ Location _____ Communion ___ / ___ / ___ Location _____
Confirmation ___ / ___ / ___ Location _____

Date of Birth _____ **Place of Birth** _____

Name of Current School _____ **Graduation Year** _____

If you need to add additional members, use page 3.

PHOTO RELEASE

I/we authorize Our Lady of Good Counsel/St. Vincent DePaul and the Diocese of Allentown to use photos of any of the family members listed on this Registration Form, without charge, for news or promotional purpose, both print and/or on the church website, ParishSoft software, and in other formats (i.e. church bulletin or church Facebook).

Signature from Head of Family _____ Date _____

Sorry, I decline the use of my/our photo(s)

Family Last Name: _____

Child's Name **Under** the age of 18 years old. Role (Circle One) Son / Daughter / Step Child / Other

First Name _____ M.I. _____ Last Name _____

Gender (Circle One) M / F Special Needs _____

Sacrament Information

Baptism ___ / ___ / ___ Location _____ Communion ___ / ___ / ___ Location _____

Confirmation ___ / ___ / ___ Location _____

Date of Birth _____ Place of Birth _____

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Sacrament Information

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First Name _____ M.I. _____ Last Name _____

Gender (Circle One) M / F Special Needs _____

Sacrament Information

Baptism ___ / ___ / ___ Location _____ Communion ___ / ___ / ___ Location _____

Confirmation ___ / ___ / ___ Location _____

Date of Birth _____ Place of Birth _____

Name of Current School _____ Graduation Year _____